

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021424

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 544Registrar's No. 1479

STATE FILE NUMBER

FILED MAY 21 1962

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN KirkwoodLength of stay in lb  
30 daysc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Joseph HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Kirkwood

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
925 N. Taylor Ave.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

NELLIE

Middle

LEE

Last

McCORMICK

4. DATE OF DEATH

Month May

Day 14,

Year 1962

5. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
5/6/839. AGE (last birthday)  
79IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife10b. KIND OF BUSINESS OR INDUSTRY  
At home11. BIRTHPLACE (City and state or country)  
Rushville, Ind.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Chas. Thacker

## 13b. MOTHER'S MAIDEN NAME

Louisa Jones

## 14. NAME OF HUSBAND OR WIFE

Allie F. McCormick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)  
No16. SOCIAL SECURITY NO.  
[Redacted]17. INFORMANT Address  
Mrs. Ralph W. Smith, 3330 Robin Rd., 13  
Louisville, Ky.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.Multiple pulmonary infarcts  
Anterior myocardial infarction  
Arteriosclerotic hypertensive cardiac vascular diseaseINTERVAL BETWEEN  
ONSET AND DEATH

2-3 days

5 1/2 weeks

7 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal  
disease condition given in PART I (a))

Virus pneumonia &amp; emphysema

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Nov 3, 1956

to May 14, 1962

and last saw her alive on

May 13, 1962

Death occurred at

8:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(In green or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Louis H. Bopp, Inc., Kirkwood, Mo.

5-15-62

J. B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

14003

24003

3

4 1

5 2

6

7 1

8 1

9 4201

10

11

12 440

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply  
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.